

Aug 29, 2012

McDermott Hearing

2:00 PM Room 1312 Chinook Bldg

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### PRESCRIPTION DRUG REVERSE DISTRIBUTION OF DISPENSED MEDICATIONS

### Needs:

Reduce pollution

Reduce abuse of prescription medication

### Method:

Locked "Mailbox" in pharmacies

Return to Wholesaler by bonded carrier

Transport to incineration (need total breakdown) located in Spokane

## Payment:

The B.C. model works for me and we can get utilization to the zip code level

The cost can be charged back to the manufactures by the wholesalers

# Johnson Johnson

To: Members of the King County Board of Health Sub-committee on Secure Medicine Return Program

From: William Struyk, Johnson & Johnson

Re: King County Secure Medicine Return Program

**Date:** August 28, 2012

The King County Board of Health recently requested feedback from Johnson & Johnson concerning the feasibility of developing a secure medicine return program in the County.

As the largest and most broad based health care company, Johnson & Johnson, aims to make the world a better and healthier place through everything we do-the products we discover and develop, the positions we take on existing and emerging public policy issues, our care for the environment, the way we run our business every day, and the programs and alliances we build and join together.

The King County goals of preventing the abuse of prescription medicine and diversion of pharmaceutical waste into the environment are laudable. Nonetheless, for the following reasons, we believe a secure medicine return program is unnecessary and will not achieve the desired outcomes.

### Safe and effective disposal options already exist

- The Drug Enforcement Administration (DEA) National Take-Back Days have provided for safe disposal options at 5,659 take-back sites that were available in all 50 states and U.S. territories. The Tacoma News Tribune reported that five tons of were collected in the October 29, 2011 Take-Back Day.
- O The Food and Drug Administration, working with the Pharmaceutical Research and Manufacturers Association, has recommended a simple and effective methodology where takeback programs are not in place. It is simply to mix the excess pharmaceuticals with an unpalatable substance (e.g. kitty litter, used coffee grounds), place them in a plastic bag and deposit them in the household trash. Disposal of unused medications in household trash is the preferred, environmentally sound method since trash is either incinerated or placed in landfills. Existing trash trucks and pick up schedules are used. Thus, no additional environmental impact, such as increased greenhouse gas emissions, result. If

## Setting up a medicine return program now is premature

The Drug Enforcement Administration (DEA) is drafting federal rules per the federal Secure and Responsible Drug Disposal Act of 2010 for the secure disposal of controlled medicines. So, it is premature to consider funding non-law enforcement drug collection programs. DEA guidance could drastically change the requirements for collection of all unused medicines in order to segregate and collect the controlled substances.

Medicine return programs will not reduce concentrations of pharmaceuticals in the environment to any detectable degree

- Europe has long had take-back programs for unused medicines, but it has not resulted in measurable reductions of medicines in European waterways. Studies in European countries with mandatory take-back programs show that there are no discernible changes in the concentration of pharmaceuticals in surface waters after enactment of pharmaceutical take back programs.
- The vast majority of the small amount of pharmaceutical residue found in surface waters is due to human excretion of unmetabolized drug product.<sup>iv</sup>
- A recent study concluded that disposing 100% of unused medicines in household trash would have active pharmaceutical ingredients (API) emissions to the environment similar to those resulting from a take-back program with a 50% participation rate, while also having significantly lower non-API emissions, lower financial costs, higher convenience, and higher compliance rates than take-back programs. V

## Seattle has some of the cleanest water in the country

The 2010 Annual Drinking Water Quality Report, a report mandated by the Environmental Protection Agency, tested the water along 10 parameters for health risks. Not one single measure was above the levels established by the EPA. When The Associated Press started running an annual investigation into trace amounts of pharmaceuticals in the water, Seattle has consistently come clean. There aren't any pharmaceuticals in the water either. Vi

Based on the evidence we have seen, a more effective approach would be to work on a comprehensive education and motivation program for the public relating to the importance of the following elements:

- Use prescription medicines as prescribed and do not share them with anyone else.
- Once a course of therapy is complete, promptly dispose of excess prescription drugs mixed with an unpalatable substance in a closed plastic bag or other container deposited in household trash.
- For prescription drugs with express disposal instructions (e.g. controlled drugs) included in the package, follow those instructions for disposal promptly upon completion of the course of therapy.

The foregoing approach would have the greatest likelihood of having a positive impact in the near term on the drug diversion and drug abuse issue that is the major problem to be addressed.

Thank you for your consideration of Johnson & Johnson's viewpoint. Please feel free to contact me with any questions at

http://www.deadiversion.usdoj.gov/drug\_disposal/takeback/

According to a US Geological Survey study, even in older landfills operated prior to implementation of current EPA regulations; the release of pharmaceuticals is negligible (Barnes et al. 2004).

<sup>&</sup>quot;Ternes 1998; Wick et al. 2009; Coetsier et al. 2009

iv Tischler 2012

<sup>&</sup>lt;sup>v</sup> Cook S.M. et al. 2012. Life Cycle Comparison of Environmental Emissions from Three Disposal Options for Unused Pharmaceuticals, Environmental Science and Technology, 46, 5535–5541

vi http://www.seattlepi.com/local/article/How-clean-is-Seattle-s-drinking-water-888354.php#ixzz24oPs9TM2

Good afternoon. My name is Terri Helm-Remund. I am the Area 2 Representative for the School Nurse Organization of Washington, or SNOW. Area 2 encompasses all of King County. SNOW is one of the many organizations that have signed on in support of the Take Back Your Meds statewide legislation introduced in 2011. When the King County Take Back Your Meds Coalition was formed, there was no hesitation on the part of SNOW to become involved. That's why I am here.

As an elementary school nurse I have concerns about the potential for accidental poisoning of small children as a result of families storing unwanted or expired medications in their homes. According to the Washington Department of Health, in 2006, 85% of poisoning deaths involved medications (*WA DOH, 2008*). In 2004, 32% of child poisoning deaths were caused by someone else's medication, with 26% due to overthe-counter medications (*WA DOH, 2004*). The Center for Disease Control reports that among children, emergency room visits for medication poisonings are twice as common as poisonings from other household products. We must do all that we can to keep our children safe.

The statewide Take Back Your Meds website provides valuable information about older children:

- Washington teens (ages 12 17) abuse medicines at a rate of almost 12%. This is one of the highest rates in the country. Many teens mistakenly think medicines are safer to abuse than illegal drugs.
- Home medicine cabinets have become the new drug dealer. Over half of teens abusing medicines get them from a family member or friend, often without their knowledge.
- **Drug overdoses and drug abuse have surpassed car crashes** as the leading cause of accidental deaths in Washington. The majority of overdoses involve prescription opiates.
- Over 20% of high school students have taken medicine for a non-medical reason.
- Abuse of prescription narcotics can lead to heroin use. **39% of heroin users** said they got addicted to prescription painkillers before starting to use heroin.

In preparation for speaking to you today, I contacted a school nurse who serves a large high school in King County. She shared this story with me:

Our security officer was told about a student who allegedly had some liquor on him (at school). When his belongings were searched they found about 20 Oxycodone tablets, 10 Morphine tablets (30mg each), and a dozen Percocets. He also had marijuana, Limoncello (lemon liquor), Scotch whiskey, and Vodka. He had them organized for sale (this nurse noted that the Morphine tablets had been prescribed during his mother's cancer therapy). Just imagine a young person taking these medications and washing them down with the alcohol! This is unbelievably dangerous. She also noted that high school students are "pharming" on the weekends and occasionally a teacher will bring a baggie of medications to her to identify. Most recently the majority of these have been medications to treat Attention Deficit Disorder.

As a school nurse I have used the Group Health disposal program to "Take Back" medications left at school at the end of the year or if expired. However, I have many advantages that the parents and guardians of my students may not have. I have a car, making it easy for me to get to the Group Health site in Burien. I have the information to know that the "Take Back" sites exist. And I understand that proper disposal of medications protects our children and environment.

Our children deserve to be protected. They deserve to have a system in place whereby their trusted adults can safely, conveniently, securely and regularly dispose of unwanted or expired medications. Thank you for considering this important issue and thank you for the opportunity to speak to you today.

http://www.takebackyourmeds.org/why/drugabuse

http://www.cdc.gov/homeandrecreationalsafety/poisoning/poisoning-factsheet.htm